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## Depression Assessment and Psychosocial Interventions for Cancer Survivors and Their Partners

Terry A. Badger, PhD, PMHCNS-BC, FAAN  
2008 Mara Mogensen Flaherty Memorial Lectureship

It is an honor to be selected for the 2008 Mara Mogensen Flaherty Memorial Lectureship. I want to thank my colleagues, Ki Moore, DNSc, RN, FAAN, Karen Weihs, MD, and Chris Segrin, PhD, who nominated me, the panel who selected me, the nurses who I have been privileged to work with, and the cancer survivors and families who have taught me about the importance of caring for the whole person. I also want to thank you in the audience for allowing me to talk about the clinical and research interest of my nursing career: caring for people and their families who suffer from depression and a life-threatening or chronic illness.

The purpose of this lecture is to discuss depression, a significant mental health issue, and psychosocial interventions, defined as the activities that enable the provision of service (e.g., assessment, referral, care coordination, treatment) for cancer survivors and their partners. With the recent publication of the latest Institute of Medicine (IOM, 2008) report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, there is a growing national recognition that many patients and their families report unmet psychosocial needs and that psychosocial care is essential. A survey by *USA Today*, Kaiser Family Foundation, and the Harvard School of Public Health (2007) found that 26% of respondents reported that their providers did not pay attention to any factors beyond their direct medical care. Psychosocial needs typically were ignored.

I believe it is time for nurses to rise to the challenge of caring for the whole person because “nurses practice from a holistic base and incorporate bio-psycho-social and spiritual aspects of health” (American Association of Colleges of Nursing, 2008). We have long recognized that attending to psychosocial needs is an integral part of quality care. I believe that nurses are ideally situated in the healthcare system to provide psychosocial interventions to patients and their families. This is our opportunity to model high-quality cancer care; together we can change practice.

### Theoretical Perspectives and Background

I have a contextualist perspective to practice and research because I believe that depression in cancer cannot be understood or treated without considering the context, including the people within the context, in this case the cancer survivor and family members (Badger, 2008). This perspective grew from early in my career as an advanced practice nurse in psychiatric mental health nursing in a Veteran's Administration (VA) mental health clinic. I was exposed to some key theories, such as family systems theories (Broderick, 1993), interpersonal relations in nursing theory (Peplau, 1995), and the diathesis-stress vulnerability theories of depression (Rohde, Lewinsohn, & Seeley, 1990). In my practice, my clients seemed to have depression and some type of life-threatening or chronic illness and their family members or partners suffered from depression as well. I use the term partner rather than family member because of the changing dynamics of the U.S. family (Segrin & Flora, 2005), with more than half of



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